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ACCESS TO NUTRITIOUS FOOD
- A PROBLEM FOR POOR PEOPLE IN TORONTO

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I. THE PROBLEM

A. THE SCOPE & NATURE OF FOOD INACCESSIBILITY FOR TORONTO'S POOR

In Metropolitan Toronto, one person in six, that is, 346,000 of our population of 2.1 million, live in poverty (1). The highest incidence of poverty is for single-parent families and for elderly people who live alone (2). Children comprise at least 1/3 of the poor population (3). The other groups whose health suffers from economic deprivation and associated inadequate nourishment are: those with disabilities (most of whom are obliged to pay exceptional costs for equipment and services despite being denied access to decent jobs); deinstitutionalized adults; those unemployed as a result of the current economy; the working poor; and new immigrants whose sponsors are unable to support them due to financial hardship. While all groups named (except the latter two) generally qualify for social assistance of some sort, they live on incomes as much as 30-60% below the poverty line (4). Some people among the latter groups are in particular distress.

The problem of inflation and rising prices affects the poor more than the middle and upper income earners. They experience a disproportionate burden because of the high budget share required for basic necessities (5). Food prices have risen faster than other necessary commodity groups (6), while high costs of rent, transportation, heat and electricity remain essential priorities within the budgets of those with little income (7). This is a dilemma - income does not stretch to provide all necessities adequately for many people, particularly those with no housing subsidy. Appendices A, B and C are Social Planning Council estimates of the relationship between income and expenses for three typical case examples of social assistance recipients. Clearly, it is a struggle to manage. Food intake quality and quantity suffer as a consequence.

B. THE HEALTH RISKS

The nutritional deficiencies of those unable to afford a well-balanced diet in developed countries are not generally manifested in acute, overt clinical symptoms, and so are not documented. Nevertheless, the research literature does associate the resulting marginal nutritional status of the poor with serious long-term health effects. A study prepared by the federal Department of Health and Welfare found that poor people had a higher incidence of Vitamin C, folic acid,

and Vitamin B (thiamine) deficiencies (8). As income declines, there is a corresponding reduction in intake of one or several of these expensive food items: fresh fruit, meat, cheese, milk, and green leafy vegetables (9). Low-income people are often forced to resort to lower priced "bargain" foods which may be less nutritious or contribute to illness, such as: meats with high fat content; damaged tins of vegetables, soup and fruit; thawed/refrozen goods; and poor quality produce (e.g., green potatoes and green rhubarb) (10). These foods are lacking in quality but are not condemnable under legislation. As one welfare recipient summed up the situation:

> "There's surviving and then there's eating and then there's nourishment and we (on welfare) seldom get to the nourishment" (11).

The health consequences of inadequate diets of low-income people are serious. Infants tend to have a lower birth weight and a higher incidence of congenital anomalies (12). Pre-school and school-aged children may have lower learning potential and growth retardation (13). Those of all ages experience increased susceptibility to infections, diminished work capacity and mental health effects (14). Anemia, gum disease, diabetes, hypertension, arthritis, and arteriosclerotic heart disease, which are all associated with dietary factors, are more common in this population (15,16).

C. SOCIAL ASSISTANCE AND POVERTY

i) "AND THE POOR GET POORER" (1983) REPORT OF THE SOCIAL PLANNING COUNCIL OF METROPOLITAN TORONTO

As noted earlier in this report, persons living on social assistance do so substantially below the poverty line. There is growing evidence, much of it collected by the Social Planning Council of Metropolitan Toronto, that persons on social assistance do not have sufficient funds for both housing and adequate food. During meetings with community workers, the point was consistently made that when forced to pare the budget, food items are the first to be trimmed by most persons because they are the largest expense after housing--which cannot be "trimmed" (17).

In September, 1983, the Social Planning Council of Metropolitan Toronto, in cooperation with the Ontario Social Development Council, released its revised report

entitled "...And the Poor Get Poorer". This document reveals the extent of the current deficiency in social assistance levels. While this report does not correlate such income levels to poor nutrition, the implications of having insufficient money for food are clear. The major findings of this report are summarized below. The recommendations in Part III of this report are made with the understanding that, until controls over the cost of housing are in place, raising the level of social assistance benefits (a pressing necessity) will not resolve the problem, but could simply lead to greater revenues for landlords. This does not imply that the Local Board of Health should withhold from advocating an increase in social assistance benefits, but that it should simultaneously advocate for controls over the cost of housing for low-income persons. The principle of advocacy on behalf of improved income assistance was clearly established in Public Health in the 1980's (18), which recommended that:

> "7.2 The Department be a strong advocate with the appropriate level of government for adequate income assistance to those with demonstrated needs: sole-support single parents, the elderly, the unemployed, the injured or disabled, and the working poor."

ii) "...AND THE POOR GET POORER" (1983): MAJOR FINDINGS

* In 1983 dollars (Note 1) all Ontario welfare recipients have suffered substantial losses in income since 1975, ranging from 8.9% (a mother and three children on Family Benefits) to 20.1% (mother, father and two children on General Welfare).

* This decline is based on all incomes received by those on social assistance (i.e., provincial monthly benefits, maximum shelter allowances, federal child-related income transfers, provincial property and sales tax credits, back-to-school allowances). The purchasing power of provincial welfare payments alone has fallen 22% to 29% since 1975 while the contribution of provincial property and sales tax credits has declined by 36% to 40%. Federal child-related income transfers have risen in real terms by 26%, cushioning the rate of net income decline and indicating that it is the provincial share of contributions which has created the greater poverty of social assistance recipients in 1983. Ontario

ranks 9th across Canada in terms of the adequacy of its social assistance and minimum wage policies. (Recent changes to the minimum wage may slightly improve its ranking in that category.)

* The stark inadequacy of current assistance programs is revealed when measured against three different economic indicators: Budget Guides, Social Planning Council; Poverty Lines, National Council of Welfare; and the Median Income for all wage-earning Canadians.

  Depending on the family size and type of provincial welfare program, social assistance as a percentage of Budget Guides ranges from 46.1 to 71.8; as a percentage of the Poverty Line, from 43.5 to 70.4; as a percentage of the Median Income of Canadians, from an astounding 23.8 to 33.8

* "This evidence suggests a disturbing and indisputable conclusion: social assistance recipients in Ontario ... have incomes well below any acceptable community standard of adequacy ... This condition has prevailed for at least two decades and since 1975 ... has deteriorated sharply. The limited program improvements of the last two and a half years have not substantially reversed this pattern" (18).

* "By the end of 1983, the cost of living will have increased by more than 100% since 1975. By contrast, monthly benefits on General Welfare have been raised only 41.4% while benefits on Family Benefits/GAIN-D are up only 52.8% during the same period" (19).

* Figure 9 from the report (Appendix D) reveals that the majority of social assistance recipients are single mothers, elderly assistance recipients and disabled persons, none of whom can be expected to find work unless severe shortfalls in daycare provisions and employment opportunities for the disabled and elderly are corrected. The common disparagement that social assistance recipients are responsible for their own plight is unwarranted.

In summary, "the principle that social assistance recipients should be provided with adequate income has not been successfully implemented in Ontario. Instead, Ontario is further from achieving this goal in 1983 than

it was in 1975 despite the growth of federal and provincial tax credit programs and the implementation of the shelter allowance program during this time" (20). Furthermore, "even with shelter allowances, many welfare recipients lack sufficient incomes to provide for even the basics of food and shelter" (21).

Since publication of "...And The Poor Get Poorer", the provincial government has increased welfare rates by 5%. But, as the Social Planning Council has pointed out, the welfare increase:

> "will do little to upgrade the inadequate incomes of Ontario's social assistance recipients in 1984 ... Additional increases in monthly benefits of 8 to 19% would be needed on January 1, 1984, simply to restore the erosion in purchasing power suffered by those on welfare since 1975" (22).

Ontario, despite the welfare benefits increase, ranks poorly as a provider of welfare benefits compared to other Canadian provinces (see Table 1), and "as other provinces announce their own welfare increases for 1984, Ontario's poor showing will continue to worsen" (23).

Ranking of Ontario's 1984 Welfare Benefits as Measured Against the 1983 Welfare Benefits of Other Provinces (24)

	Families		Single Persons	
	1 Adult 1 Child	2 Adults 2 Chldrn.	Employable	Disabled
Short-Term Rate	9	8	5	5
Long-Term Rate	5	8	5	5
Monthly Benefits (excluding Shelter)	3	9	7	3
Total Income as a % of Poverty Line	7	9	7	6
Total Income as a % of Med. Income	10	10	7	7

D. THE FOOD ADVOCACY COALITION - TORONTO (F.A.C.T.)

i) COMPOSITION

F.A.C.T. is a coalition composed of a Community Health Officer from each of the Department's four Health Areas, Central Resources representatives, and concerned local government, community, agency, and church representatives. The mandate is "to ensure that affordable nutritious food is not only available but also accessible to any segment of Toronto's population who are potentially at risk (of poor nutritional status) due to low income, poor health, age, or disability. The Terms of Reference are outlined in Appendix E. Appendix F lists attendees at F.A.C.T. meetings.

F.A.C.T. originated in the Spring of 1983 following the professional community's growing awareness of the plight of homeless people living in temporary shelters in Toronto during the winter of 1982/3. F.A.C.T.'s goals and strategies are intentionally designed to complement and not duplicate the work of others such as the education programs of Department of Public Health nutritionists and public health nurses, and the proposed food distribution system (Food Bank), which is being examined by the Metropolitan Department of Community Services. F.A.C.T. members have kept themselves informed of these activities through regular communication with staff involved in these programs.

ii) F.A.C.T.'S PRELIMINARY FINDINGS CONCERNING LOCAL FOOD ISSUES

Outreach to key agency spokespeople and impoverished people in Toronto has strengthened the Department's involvement in food issues and its understanding of problems specific to low-income Torontonians. Although work has yet to be done in terms of completing the community consultations, these preliminary findings are important:

i) The representatives from at least 15 agencies/church groups/government departments who have attended F.A.C.T. meetings agree that shortage of nutritious food is a very serious problem among the poor.

ii) Eleven agencies/churches responded to F.A.C.T.'s questionnaire (Appendix G) concerning needs of low-income clientele. The respondents were All Saints' Church Community Centre, South Riverdale Community Health Centre, Stop 103 Incorporated, Red Door Family Shelter, Downtown Churchworkers' Association, Bloor Street United Church, Jessie's, Parkdale Community Ministry Committee, Healthiest Babies Possible, the Church of the Redeemer, and the Y.M.C.A. Stopover Hostel.

The responses indicated that:

- the demand for emergency food increased last year at many of the agencies;
- 2/3 of their clientele do not get enough to eat (in quantity or quality) because of inaffordability;
- 1/3 of their clientele have complained of hunger;

- some of these agencies have difficulty meeting the requests for food handouts (vouchers, meals, hampers) and have been forced to refuse assistance;

- winter is a particularly difficult season for affording food for many of the clientele. All seasons are problematic however; and

- some agencies/churches suggest lobbying for higher allowance levels so that low-income people can better afford food. Others encourage development of food cooperatives.

iii) Consultations with sixteen women ranging in age between 19-50 years old at the Scadding Court Sistering Project uncovered numerous dilemmas faced by low-income transient women:

- rooming houses seldom provide storage space for cooked food or dry goods. Therefore, residents cannot save by buying large quantity, pre-packaged items when on sale;

- the average cost of a sparsely furnished room is 65-$75/week. Despite careful budgeting, many of the women have only $40 to spend per month on food;

- cooking and refrigeration facilities are lacking and so it is difficult to prepare nutritious meals;

- some of the women expressed resentment about the food that is thrown out by restaurants while they go hungry; and

- people with disabilities and those too frail to carry heavy groceries long distances have difficulty shopping for bargains. Public transit is expensive for numerous trips.

iv) Carmen Connolly, Coordinator of the Department's Healthiest Babies Possible program informs us that the program's nutritionists are concerned that many of the women with whom they do nutrition counselling are unable to provide themselves with the diet prescribed due to inadequate income, inadequate access to reasonably priced food, poor storage facilities and lack of knowledge and experience in meal planning and shopping.

v) The South East Asian immigrants enrolled in an English as a Second Language (ESL) class organized through St.

Stephen's Community Centre, report that they manage to cope if their sponsors are gainfully employed. The ones whose sponsors become unemployed get no government subsidy. This is problematic for immigrants from other parts of the world as well (25), and will be addressed in forthcoming reports to the Local Board of Health. Refugees qualify for government assistance for the first year while new immigrants do not. The people whose sponsors lose work are often forced to scrimp on food and to live with large extended families in crowded conditions which are stressful and interfere with interpersonal relationships, children's school work and sleep.

vi) Many of the women with whom F.A.C.T. representatives spoke at the Scott Mission do not know of low cost shopping areas (e.g., Kensington Market, Bathurst/Bloor food cooperatives). They seemed motivated to shop wisely but some have special problems shopping due to illness and disability. The people who emigrated from developing countries and those who grew up during the depression manage best to make ends meet although their diet is not necessarily balanced. The Jamaican women are concerned about the difficulty obtaining West Indian foods which tend to be expensive in the small specialty shops scattered throughout the City. Shopping incurs high transportation costs and transport difficulties. Eleven of the thirty-seven women who completed questionnaires said that they do not have enough money to buy food. Two had gone hungry recently for this reason. Ten had no place to store food bought on sale in large quantities.

vii) The Toronto Board of Education has directed its concerns about this issue into the Toronto Educational Opportunity Fund (T.E.O.F.) pilot project. This plan supplements children's diets with nutritious snacks where possible and provides nutrition education in the participating schools (at least 25 schools participate in T.E.O.F.).

F.A.C.T. plans to make further findings public by holding a public forum on the food access problem. In sum, the problem of inadequate access to food for low-income people is a major issue in Toronto which is affecting poor people's health.

II STRATEGIES TO ADDRESS FOOD INACCESSIBILITY

A. THE CITY OF TORONTO DEPARTMENT OF PUBLIC HEALTH

Work towards ameliorating the food-related problems of low-income Torontonians has been proceeding for several years within the Department in conjunction with the broader community. For example, staff have been active in INFACT (Infant Formula Action Coalition), the M.O.T.H.E.R.S. Breastfeeding Coalition, and the planning committee for the Supermarket Co-op in Regent Park. The Healthiest Babies Possible program, which began in 1979, is geared to high risk pregnant women, the majority of whom are living below the poverty line (26). The short term goal of Healthiest Babies Possible is to increase the nutritional status of these women through individualized education programs, with the ultimate aim of improving the health of the newborn and family. Another noteworthy initiative, the Food Quality Working Group, was begun within the Health Advocacy Unit in early 1982. While the latter was dissolved with the Department's reorganization in the summer of 1982, it had already identified food-related problems experienced by low-income consumers. Issues raised then are being considered by the more recently formed Food Advocacy Coalition - Toronto (F.A.C.T.) which has been described in Section I.

Another Department of Public Health initiative has been the placing of a graduate nutrition student on practicum in the Regent Park complex. This student will undertake nutritional education and improvement among the large population of sole-support mothers in Regent Park utilizing a community development model. Specifically, she will conduct a survey of the at-risk population in an attempt to determine more accurately the extent of hunger as a problem, and its relation to income inadequacy. She will also assist in efforts to organize a local food cooperative, a community garden, field trips outside of the City to low-cost "pick-your-own" farms, community dinners (which may decrease unit costs for nutritious foods while allowing more opportunity for collective problem-solving among the target population) and other similar projects. This program is considered to be a feasibility study by the Department of Public Health and, if successful, may provide a model for future Departmental initiatives in the specific area of improving nutritional intake among low-income Torontonians.

B. STRATEGIES OF THE FOOD ADVOCACY COALITION

1. Coalition-building:

- members of F.A.C.T. have created a forum for groups/agencies with similar concerns/objectives. There is joint identification of problems and combining of resources. F.A.C.T. serves as a think tank and resource bank concerning food issues.

2. Information Gathering:

- outreach to community leaders, local churches and municipal government departments involved with food concerns - via questionnaires requesting information about programs and clientele who experience inaccessibility problems - via inviting special guests to our meetings in order to discuss their programs;

- a survey of literature;

- a newspaper clipping file;

- connections with the University of Toronto Nutrition Division, Faculty of Medicine - as a consultant for our community outreach;

- secondment of students from University of Toronto, Faculty of Medicine, Community Health Division, Master of Health Sciences course to work on projects; and

- data request to the Metropolitan Toronto Community Services Department for statistics relating to expendable income of their clientele.

3. Information Sharing/Building Awareness:

- work with Community Information Centre of Metropolitan Toronto in order to produce an information card outlining main numbers to phone for information on low-cost meals, free groceries and/or emergency housing (translated into several languages);

- consulting with the Parkdale Community Ministry Committee, an inter-church group in Parkdale who work with local residents on low incomes. F.A.C.T. members have helped the Committee to explore

alternatives to food handouts, which the latter believe to be too time-consuming and demanding for their staff volunteers, likely to result in dependency and merely a temporary symptomatic solution to food inaccessibility;

- requesting a compendium of emergency services available for homeless people this winter (1983/4) be prepared by the Metropolitan Toronto Community Services Department and made available to Department of Public Health and other key agencies;

- speaking engagements with nutrition students in Ryerson and University of Toronto programs;

- an article to Department of Public Health staff in the Department's newsletter, Pulse; and

- this report to Local Board of Health.

4. Community Development:

In order to do community-based program development, F.A.C.T. is initially conducting community consultations in the area bounded by Bloor, south to the lakeshore and Bathurst, east to Henry Street. The Community Health Officers in each Health Area are identifying pockets of people at high risk for future consultations.

- the community consultations involve F.A.C.T. members in speaking directly with people who live in impoverished conditions - through established groups such as English as a Second Language (ESL) classes, the Scott Mission, community centres, tenant groups; and

- in conjunction with the City of Toronto Planning and Development Department, F.A.C.T. is facilitating discussions among residents in order to determine the nature of food or inadequate nourishment problems and potential solutions.

III SUMMARY AND RECOMMENDATIONS

The report "The Unequal Society: A Challenge to Public Health", jointly prepared by the Departments of Public Health and Planning and Development, and adopted by the Local Board of Health, March 15, 1983, established a socio-environmental approach to understanding health risks.

> "The socio-environmental approach requires that health practitioners make societal systems the targets for research, public education, advocacy and change. Good health results from the dynamic relationship between individuals and the systems in society that distribute health opportunities. An individual is connected to systems which influence the chances for a healthy life - the school, the occupational structure, the municipal services system, the national political economy and international relations. Poverty often reduces access to these opportunities and thus to the conditions which sustain good health" (27).

The socio-environmental model is particularly relevant to this report's discussion of the lack of accessibility to nutritious food experienced by low-income Torontonians. Specifically, as unemployment rises so, too, does the number of Torontonians who will face health risks associated with inadequate incomes. Unemployment, underemployment and inadequate income have also been shown to be a problem among new Canadians, who face cultural and linguistic barriers to obtaining adequately remunerated jobs in a tight job market.

Low-income persons also experience problems in obtaining affordable, adequate housing, and there is some concern that, unless controls are placed over the costs of rental accommodation, increases in welfare rates or the minimum wage will not, in themselves, overcome the economic barriers to healthful foods faced by Torontonians on welfare benefits or working for the minimum wage.

As Appendix H on the "Social Environment Workgroup" points out, these related problems will be the subject of forthcoming reports to the Local Board of Health.

Of immediate concern is the increasing poverty of many Torontonians. This report specifically has documented the health risks associated with the inadequate diets of low-income persons. It has also provided evidence that current welfare rates in the province of Ontario are insufficient to allow recipients access to both adequate food and nutrition.

Since many Torontonians are currently on some form of welfare assistance, and the slight increase in welfare rates announced November 7, 1983, is insufficient to allow welfare recipients access to healthful food, the Department of Public Health recommends:

1. That the Local Board of Health endorse the recommendations contained within the Social Planning Council Report, "...And The Poor Get Poorer" (1983) (Appendix A).

2. That the Local Board of Health communicate with the Honourable Frank Drea, Minister of Community and Social Services, urging him to act immediately to implement the following recommendations from "...And The Poor Get Poorer" (1983), and inform the Local Board of Health of the actions he is taking.

"1.1 The Ontario Government make an upward adjustment in the benefit levels of single persons receiving General Welfare Assistance and GAINS-D to compensate them for their lack of access to federal child-related income security programs.

"1.2 As a first step, the Ontario Government immediately raise the level of benefits of all recipients of social assistance to restore the purchasing power lost by recipients since 1975. This would require increases of between 9 and 20% depending on family size and composition.

"2.1 The province adopt a standard of income adequacy for Ontario using a budget needs approach (Note 2), and that this standard be used as a criterion for establishing benefit levels of recipients of social assistance.

"2.2 The province raise the level of benefits it provides under General Welfare Assistance, Family Benefits Assistance, and GAINS-D to a level of adequacy consistent with 2.1 above, and in accordance with widely publicized goals and timetables for full implementation.

"4.4 The province restructure the G.W.A. and F.B.A. programs so that all individuals requiring short-term assistance are on one program and all individuals requiring long-term assistance are on another. Specifically, this would mean that all individuals who are classified as unemployable or

who otherwise are not expected to work, would fall into the long term assistance program.

"5.1 The province counteract the misinformation which exists about social assistance recipients by conducting a public education campaign which presents an accurate portrayal of the type of people who receive benefits.

"5.2 The province develop a comprehensive set of support services which enable the employment of assistance recipients and increase their access to job opportunities.

"5.3 In implementing recommendation 2.2, the province acknowledge the importance of the parenting function and provide incomes adequate for the protection and development of children.

"7.1 The Ontario government immediately cease using social assistance programs as a means of reducing government expenditures."

3. That the Local Board of Health endorse the work of the Food Advocacy Coalition-Toronto (F.A.C.T.) and the participation of Department staff in the development of community development strategies to support the Coalition's objectives.

4. That the Local Board of Health endorse F.A.C.T.'s plan to organize a public forum about this issue within the next year.

5. That the Department of Public Health continue to research food-related needs in order to identify high risk groups for poor nutrition and action required.

NOTES

Note 1

Inflation has meant that a dollar in 1983 buys substantially less than it did in 1975. Comparisons in welfare benefits between the two years were adjusted to "constant 1983 dollars", i.e., 1975 assistance levels were increased to reflect their greater purchasing value in 1983.

Note 2

A "budget needs approach" would define benefit levels in terms of basic economic need for food, clothing, housing, transportation and other key items. "The budget level approach establishes standards of adequacy by itemizing necessary goods and services and estimating their costs." Such an approach should also eliminate inequities in the provision of assistance incomes between and within programs. It should be flexible in recognizing the different needs of benefit recipients, particularly those with disabilities. A detailed economic model outlining a process for calculating the costs of "essential material needs" (food, housing, clothing, etc.) and "essential social services" (health care, education, sanitation, etc.) has been developed by the Canadian economist, Michel Chossudovsky, and provides an enlightening examination of the obvious and hidden costs of malnutrition. See Michel Chossudovsky, "Underdevelopment and the Political Economy of Malnutrition and Ill Health," International Journal of Health Services, 13(1): 69-83, 1983.

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18. The Social Planning Council of Metropolitan Toronto, And the Poor Get Poorer Report - 1983, p.27.

19. Ibid, p.94

20. Ibid, p.106

21. Ibid, p.109

22. The Social Planning Council of Metropolitan Toronto Newsletter, January 1984, p.3

23. Ibid, p.4

24. The Social Planning Council of Metropolitan Toronto Newsletter, January 1984, p.4.

25. Quote from Department of Public Health Community Health Officers, Norma Drummond and Maria Lee, January 1984.

26. Quote from Carmen Connolly, Coordinator of the Department's Healthiest Babies Possible Program, 1983.

27. Miller, E. and Edwardh, J., The Unequal Society: A Challenge to Public Health, March 3, 1983, p.8.

Appendix A

"...And The Poor Get Poorer" (1983)

Social Planning Council of Metropolitan Toronto

Recommendations

1.0 Sources and Composition of Assistance Incomes

1.1 The Ontario Government make an upward adjustment in the benefit levels of single persons receiving General Welfare Assistance and GAINS-D to compensate them for their lack of access to federal child-related income security programs.

1.2 As a first step, the Ontario Government immediately raise the level of benefits of all recipients of social assistance to restore the purchasing power lost by recipients since 1975. This would require increases of between 9 and 20% depending on family size and composition.

2.0 Adequacy of Social Assistance Incomes

2.1 The province adopt a standard of income adequacy for Ontario using a budget needs approach, and that this standard be used as a criterion for establishing benefit levels of recipients of social assistance.

2.2 The province raise the level of benefits it provides under General Welfare Assistance, Family Benefits Assistance, and GAINS-D to a level of adequacy consistent with 2.1 above, and in accordance with widely publicized goals and timetables for full implementation.

3.0 Shelter Allowances, Subsidized Housing and Assistance Incomes

3.1 The province assist municipalities to assess the economic impacts of local housing costs on the adequacy of social assistance recipients incomes.

3.2 The province expand its funding of shelter allowances and adjust the upper limit of the rental range from municipality to municipality to reflect the low-end of market rent for that community.

3.3 The province expand the existing stock of subsidized housing units. This would include public housing, non-profit housing, non-profit and co-operative housing alternatives.

4.0 Equity Issues

4.1 The province conduct a review of Ontario's social assistance programs for the purpose of eliminating inequities in the provision of assistance incomes between and within programs.

4.2 The province implement the review guided by standards of income adequacy which reflect the different budgetary requirements of assistance recipients: single parent families, disabled people, long term recipients, short term recipients, and so forth.

4.3 The province justify any departure from 3.2 above through measurable policy objectives which can be publicly reviewed and monitored.

4.4 The province restructure the G.W.A. and F.B.A. programs so that all individuals requiring short-term assistance are on one program and all individuals requiring long-term assistance are on another. Specifically, this would mean that all individuals who are classified as unemployable or who otherwise are not expected to work, would fall into the long term assistance program.

4.5 That the province remove from the municipalities entirely the responsibility for funding welfare benefits and administration, thereby shifting the funding of income transfer programs to the more flexible and equitable revenue source, income taxes.

5.0 Assistance Recipients: Who Gets Benefits and Why?

5.1 The province counteract the misinformation which exists about social assistance recipients by conducting a public education campaign which

presents an accurate portrayal of the type of people who receive benefits.

5.2 The province develop a comprehensive set of support services which enable the employment of assistance recipients and increase their access to job opportunities.

5.3 In implementing recommendation 2.2, the province acknowledge the importance of the parenting function and provide incomes adequate for the protection and development of children.

6.0 Work and Welfare

6.1 Concurrent with the move to provide social assistance recipients with more adequate incomes, the province initiate a program of wage supplementation for working poor households which fall below standards of income adequacy.

6.2 The province review its financial and technical assistance programs for small business with a view toward increasing the efficiency and competitiveness of industries in the secondary labour market.

6.3 The province integrate the Work Incentive Program with a comprehensive set of employment enabling support services for assistance recipients and adopt this as a permanent feature of Ontario's social welfare system.

6.4 The province implement policies to achieve full employment as a means of providing a long-term solution to welfare dependency.

6.5 The province review its policies affecting the minimum wage, working conditions and job protection in the low wage labour market as they affect recipients of social assistance.

7.0 Provincial Spending Restraints and Social Assistance Incomes

7.1 The Ontario government immediately cease using social assistance programs as a means of reducing government expenditures.

7.2 The province use the anticipated decline in the welfare caseload, coupled with the fact that government revenues are growing more rapidly than expenditures, as an opportunity to significantly improve social assistance rates.

Appendix B

RELATIONSHIP BETWEEN INCOME AND EXPENSES FOR TYPICAL CASE EXAMPLES IN 1984

Case #1: Mother with 2 Children (aged 3 and 8) on FBA*
Renting a two-bedroom apartment for $385 per month

MONTHLY OPERATING INCOME

Provincial Payments	Per Month	Per Year
Basic FBA Allowance	574	6,888
Maximum Shelter Subsidy	110	1,320
Federal Payments		
Family Allowance	60	719
TOTAL	744	8,927

MONTHLY OPERATING EXPENSES

	Per Month	Per Year
Rent	385	4,620
Food	275	3,300
Sub-Total	660	7,920
Residual Amount	84	1,007
Other Monthly Expenses		
Household Maintenance)		
Personal Care Items)		
Public Transportation)		
Occasional Babysitting)	165	1,980
Telephone)		
Social Outings/Movies)		
Toys/Games/Recreation)		

* Family Benefit Allowance

LUMP SUM INCOME

Provincial Payments	Per Month	Per Year
Ontario Tax Credits	-	343
Back to School Allowance	-	44
Federal Payments		
Child Tax Credit	-	686
TOTAL	-	1,073
TOTAL INCOME	-	10,000

LUMP SUM EXPENSES

	Per Month	Per Year
Clothing	-	1,080
Home Furnishings	-	718
Alcohol and Tobacco	-	228
Newspaper/Magazine	-	124
Vacation Cottage	-	220
Special School Needs	-	72
Insurance	-	60
Contingencies	-	240
Sub-Total	-	2,742
TOTAL EXPENSES	-	12,642

Note: The provision of free medical care and prescription drugs has not been included as part of recipients incomes and has also been excluded from calculations of budgetary requirements.

(Data provided by David Thornley, Program Planner, Social Planning Council of Metropolitan Toronto, November 23, 1983).

Appendix C

RELATIONSHIP BETWEEN INCOME AND EXPENSES
FOR TYPICAL CASE EXAMPLES IN 1984

Case #2: Mother and Father with 2 Children (aged 10 and 13) on GWA*
Renting a three-bedroom apartment for $455 per month

MONTHLY OPERATING INCOME

Provincial Payments	Per Month	Per Year
Basic GWA Allowance	591	7,092
Maximum Shelter Subsidy	120	1,440
Federal Payments		
Family Allowances	60	719
TOTAL	771	9,251

MONTHLY OPERATING EXPENSES

	Per Month	Per Year
Rent	455	5,460
Food	460	5,520
Sub-Total	915	10,980
Residual Amount	-144	-1,729
Other Monthly Expenses		
Household Maintenance) Personal Care Items) Public Transportation) Telephone) Social Outings/Movies) Sports/Recreation)	180	2,160

* General Welfare Assistance

LUMP SUM INCOME

Provincial Payments	Per Month	Per Year
Ontario Tax Credits	-	374
Federal Payments		
Child Tax Credit	-	686
TOTAL	-	1,060
TOTAL INCOME	-	10,311

LUMP SUM EXPENSES

	Per Month	Per Year
Clothing	-	1,860
Home Furnishings	-	876
Alcohol and Tobacco	-	456
Newspaper/Magazine	-	124
Vacation Cottage	-	280
Special School Needs	-	144
Insurance	-	60
Contingencies	-	240
Sub-Total	-	4,040
TOTAL EXPENSES	-	17,180

Note: The provision of free medical care and prescription drugs has not been included as part of recipients incomes and has also been excluded from calculations of budgetary requirements.

(Data provided by David Thornley, Program Planner, Social Planning Council of Metropolitan Toronto, November 23, 1983).

Appendix D

RELATIONSHIP BETWEEN INCOME AND EXPENSES
FOR TYPICAL CASE EXAMPLES IN 1984

Case #3: Single employable male (aged 25) on GWA*
Renting a modest apartment for $270 per month

MONTHLY OPERATING INCOME

Provincial Payments	Per Month	Per Year
Basic GWA Allowance	256	3,072
Maximum Shelter Subsidy	90	1,080
Federal Payments		
None	-	-
TOTAL	346	4,152

MONTHLY OPERATING EXPENSES

	Per Month	Per Year
Rent	270	3,240
Food	134	1,608
Sub-Total	404	4,848
Residual Amount	-58	-696
Other Monthly Expenses		
Household Maintenance) Personal Care Items) Public Transportation) Telephone) Social Outings/Movies) Sports/Recreation)	93	1,116

* General Welfare Assistance

LUMP SUM INCOME

Provincial Payments	Per Month	Per Year
Ontario Tax Credits	-	283
Federal Payments		
None	-	-
TOTAL	-	283
TOTAL INCOME	-	4,435

LUMP SUM EXPENSES

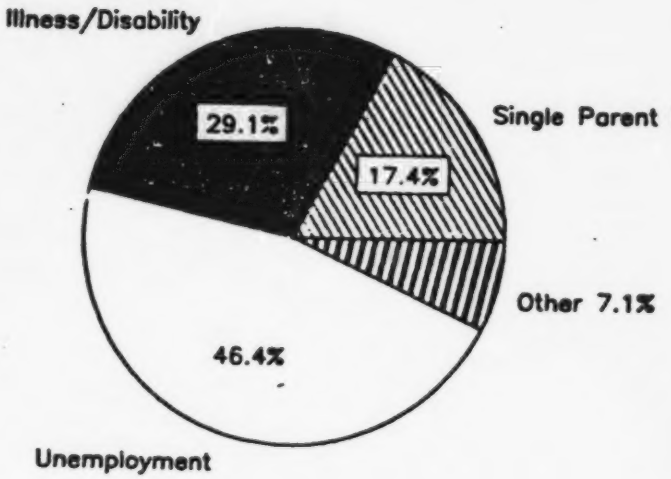
	Per Month	Per Year
Clothing	-	588
Home Furnishings	-	492
Alcohol and Tobacco	-	228
Newspaper/Magazine	-	124
Contingencies	-	240
Sub-Total	-	1,672
TOTAL EXPENSES	-	7,636

Note: The provision of free medical care and prescription drugs has not been included as part of recipients incomes and has also been excluded from calculations of budgetary requirements.

(Data provided by David Thornley, Program Planner, Social Planning Council of Metropolitan Toronto, November 23, 1983)

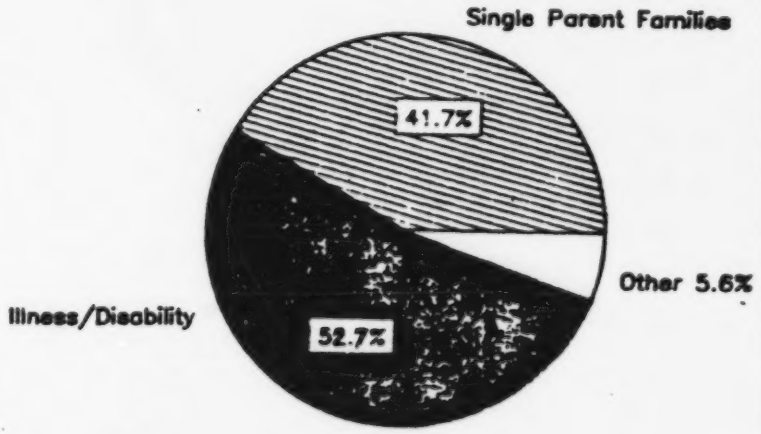
APPENDIX E

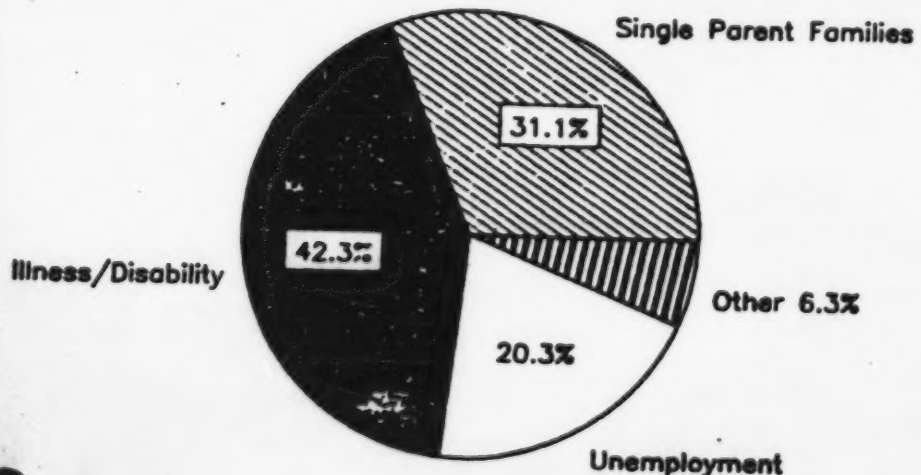
REASONS FOR DEPENDENCY ON SOCIAL ASSISTANCE, 1982



GWA

FBA/GAINS-D





GWA AND FBA/GAINS-D COMBINED

Excerpt from - Social Planning Council of Metropolitan Toronto Report "And The Poor Get Poorer", September 1983, p. 58.

Appendix F

TERMS OF REFERENCE

Name

Food Advocacy Coalition Toronto (F.A.C.T.)

Mandate

To ensure that affordable nutritious food is not only available but also accessible to any segment of Toronto's population that is potentially at risk (of poor nutritional status) due to low income, poor health, age, disability.

Authority

1. Departmental - Advisory to Department Management Team and the Medical Officer of Health - via the Social Environment Work Group

2. Intra-group - To research, advocate and initiate projects, in cooperation with coalition members, aimed at accomplishing the mandate.

Reporting Relationship

Via Departmental staff, who are on the Steering Committee, to the Social Environment Work Group and the Medical Officer of Health.

Composition

- Departmental Representatives from: Community Health Promotion and Advocacy, Community Health Protection and Community Preventive Health Sections, and four Health Areas.

- Community and Agency Representatives from: Jessie's, Stop 103, Supermarket Co-op, Rosedale United Church, Grant African Methodist Episcopal Church, Church of the Redeemer, Woodgreen United Church (Kid Door), Bathurst St. United Church (Daytime Center for Women and Children), the Daily Bread Food Bank, Social Planning Council, Bloor-Bathurst Friendship Center, Metropolitan Toronto Community Services Department, Y.W.C.A. (Woodlawn Residence), South Riverdale Community Health Center, Toronto Board of Education, Parkdale Community Ministry Committee, Community Information Centre of Metropolitan Toronto, Cecil Community Centre, University of Toronto,

Northern Health Area Community Advisory Board, and City of Toronto Planning & Development Department.

- Membership is free and attendance at meetings is open to anyone interested in food advocacy issues or who is providing services to people who can't afford nutritious food and are having difficulties obtaining adequate food.

Terms of Reference

1. To raise awareness among community agencies, local government officials, the public and food suppliers about the extent to which nutritious food is either unaffordable or inaccessible to high risk segments of the population.

2. To advocate for sufficient increases in income maintenance and subsidy programs (i.e., unemployment benefits, Family Benefit Allowance, General Welfare Assistance, Workmen's Compensation) so that people who are dependent upon them are able to afford adequate amounts of nutritious food after essential living expenses have been met.

3. To ensure that high risk segments of the population have adequate access (i.e., proximity to food sources and/or transportation to food sources) to nutritious, affordable food.

Time Limit

- To be evaluated annually to determine whether the terms of reference and mandate have been achieved. This is viewed as a long-term project.

Appendix G

Attendees at Food Advocacy Coalition-Toronto Meetings
(as of January 1984)

Bail Program, Old City Hall - Ronny Yaron

Cecil Community Centre - Bob Alexander

Church of the Redeemer - Rev. Kevin Flynn

City of Toronto Planning and Development Department - Debra Ceresne, Meena Dahr, Don Altman

City of Toronto Department of Public Health - Sherry Barton-Schmidt, Charlotte Bonds, Norma Drummond, Wendy Kwong, Maria Lee, Winston Miller, Anita O'Connor, Holly A. Woods

Community Advisory Board, NHA - Eileen Simmons

Community Information Centre of Metropolitan Toronto - Beverly Wybrow

Daily Bread Food Bank - Rev. Robert Hagler, Sister Marie Tremblay

Daytime Centre for Women & Children - Giselle Blanchette

Grant AME Church - Elaine Sparkes, Viola Thompson

Jessie's - Carole Browne, June Callwood

Metropolitan Toronto Community Services Department - Charles Barnes, Shirley Hoy

Parkdale Community Ministry Committee - Maylanne Whittal

Red Door Shelter - Christine Penner

Rosedale United Church - Jan Bush

Social Planning Council of Metropolitan Toronto - Rev. Stuart Coles, Jeff Patterson, David Thornley

South Riverdale Community Health Centre - Leianne Vye-Rogers

Stop 103 - Richard Woolrich

Students, Master of Health Sciences Program, University of Toronto - Marinella Arduini, Ellen Desjardins, D'arcy Farlow, Cathy Park, Christie Preece

Student, Nutrition Program, Ryerson Polytechnical Institute - Nancy Duffy

Toronto Board of Education - Penny Moss

Toronto Supermarket Co-op - Elaine Samuel

Trinity/St. Paul's Church - Patricia Lisson

Woodlawn Residence - Susan Glickman

Local Board of Health May 14, 1984

Appendix H

MAIL SURVEY

1. Please indicate the following:

NAME OF AGENCY/SERVICE

ADDRESS

TELEPHONE POSTAL CODE

2. a) What are the primary services that your agency or organization offers? (Please specify those that are food related)

2. b) If you offer any food related services which are not your "primary" services", please specify those as well.

3. In describing your clientele:

a) What percentage of your clients would be in the following age groups? (If none, write "0") (just give a rough estimate)

%	%
1 - 4	25 - 50
5 - 12	50 - 65
12 - 17	65+
17 - 25	

b) Do you work with any ethnic communities? (Please check) Yes ___ No ___

If Yes: Please indicate which communities you work with.

c) Are there any characteristics which specifically describe the majority of your clientele? (e.g. occupation, income, sex, etc.)

4. a) Which geographical area (s) do you serve?

b) Please indicate your catchment area on the attached map.

5. How many clients would your agency or organization provide services to in an average week? _____

6. a) In your opinion (and based upon the requests of your clients) has the need in Metro Toronto for emergency food handouts or free meals?

increased since this time last year ___
decreased since this time last year ___
remained the same ___
don't know ___

b) In your opinion, do you think people have greater difficulty obtaining nutritious food in any of these seasons? (Please check)

Summer ____ Winter ____
Fall ____ Spring ____

7. a) Have any of your clients in the last 6 weeks, stated that they were not getting enough to eat? Yes ___ No ___ (Skip to Question 8)

b) If yes: Could you estimate what percentage of your clientele state this? (Please check)

less than 10% ___ 51 - 75% ___ Don't know ___
10 - 25% ___ 75+ (please specify) ___
26 - 50% ___

8. a) Have any of your clients in the last 6 weeks complained of periods of hunger? Yes ___ No ___ (Skip to Question 9)

b) If yes: Could you estimate what percentage of your clientele complained of hunger?

less than 10% ___ 51 - 75% ___ don't know ___
10 - 25 % ___ 75+ (please specify) ___
26 - 50% ___

9. a) Have any of your clients in the last 6 weeks stated that they were having difficulties buying enough food to last from one paycheque to the next. Yes ___ No ___ (Skip to Question 10)

   b) If yes:
   less than 10% ___ 51 - 75% ___ don't know ___
   10 - 25% ___ 75+ (please specify) ___
   26 - 50% ___

10. a) Have any of your clientele requested meals or food vouchers in the last 6 weeks? Yes ___ No ___

   b) If yes: Could you estimate the percentage of your clientele who made this request?

   less than 10% ___ 51 - 75% ___ don't know ___
   10 - 25% ___ 75+ (please specify) ___
   26 - 50% ___

THE FOLLOWING 2 QUESTIONS ARE FOR THOSE GROUPS OR SERVICES WHO DO DISTRIBUTE FOOD. IF THIS DOES NOT APPLY TO YOUR SERVICE PLEASE SKIP TO QUESTION #13

11. Could you estimate what percentage of your budget is spent on food? ___

12. a) Within the budget constraints of your service has it always been possible to meet the requests for food handouts or meals? Yes ___ (Skip to Question 13)
   No ___

   If no: Could you please elaborate on some of the problems or reasons why it is difficult to always satisfy the requests.

   b) How frequently have you had to turn down requests for food vouchers or meals? (Please check)

   Always ___ Rarely ___
   Frequently ___ Never ___
   Occasionally ___

   c) Could you estimate the number of requests for food vouchers or meals that your service had to turn down
   last week date of the week

13. Do you have any suggestions as to how the Department of Public Health could improve the situation of people who can not afford to buy adequate, nutritious food?

14. Do you know of a particular client or family who would be interested in relating their personal experiences to the Food Advocacy Coalition or to the media? Yes ___ No ___

    If yes: could we contact you about this at a later date?

15. In the fall, would you be willing to document on a weekly basis, the numbers of your clients who:

    1) State that they are having problems affording nutritious food Yes ___ No ___

    2) Complain of periods where they go hungry Yes ___ No ___

    3) Request food or vouchers from your agency or service. Yes ___ No ___

    (This information could be sent into F.A.C.T. at regular intervals and it would help us to develop a sense of the numbers of people who are in need.)

You may be aware of the study being conducted by Metro Community and Social Services to determine if there is a need for the Daily Bread Food Bank.

16. a) Has your group or service been surveyed by the Metro Community and Social Service's study? Yes ___ No ___ (Skip to Question 17)

    b) Do you feel that the information which we are collecting is a duplication of the Metro Community And Social Services Study? Yes ___ No ___

    If no: Could you please elaborate as to why not?

17. Are there any further comments or suggestions which you would like to make regarding the questionnaire's format, content, etc.

18. Are there any further questions which you would like to see asked?

Thank you for your time and cooperation in filling out this questionnaire.

APPENDIX I

SOCIAL ENVIRONMENT WORKGROUP

The Social Environment Workgroup was established as a sub-committee of the Community Preventive Health Program Committee following Department of Public Health reorganization. Its terms of reference are as follows:

1. To identify, address, intervene in and promote aspects of social environment issues which impinge on people's health, as a preventive health measure.

2. To raise the awareness of social environment issues and their impact on health with staff of the Department.

3. To liaise and participate with community groups in the identification of social environment issues.

4. To serve as facilitators and a support resource group to the Areas in the identification and intervention of social health issues.

5. To follow up on the program recommendations in Section 7, Social Environment, Chapter III, in Public Health in the 1980's in order to choose proposed priorities.

6. To research and promote awareness of the impact of social change on people's health.

7. To promote community development skills and strategies in the Department of Public Health to facilitate needed social changes.

8. To promote cross-cultural approaches to social change.

Several reports concerning social environment issues will be coming to the Local Board of Health during 1984. For the Board's information below is a list of those reports.

1. Housing and Health
   Author: Joan Campbell, Health Protection

   This report will present information describing the ongoing crisis in affordable housing in Toronto. Three aspects of the housing crisis will be examined and their health implications discussed: inaffordability, physical inadequacy and homelessness. Data will also be presented from a recent survey of public health nurses regarding the housing experiences of their clients. Finally, the

report will address possible roles for the Department of Public Health in dealing with housing-related health issues.

2. South East Asian Report.
Author: Wendy Kwong, Health Promotion and Advocacy

The South East Asian report will be based on recommendations from the Health Consultation: South East Asian Community. The report will include additional research and policy development as well as specific recommendations from the Medical Officer of Health.

3. Work and Health Series
Authors: Ronald Labonte, Health Promotion and Advocacy
Bonnie Heath, M.H.Sc. candidate, University of Toronto

This theme will be discussed in three reports.

The first report will examine health problems associated with unemployment. The second report will focus on underpaid employment including the relationship between minimum wage standards, low income and health, technological change in the workplace, and the underutilization of skills of workers. The third report will discuss issues and strategies associated with occupational hazards.

4. Unemployment and Health: Northern Health Area Inititatives
Author: Trevor Hancock, Associate Medical Officer of Health, Northern Health Area

Concern with the health effects of unemployment has been growing in recent years. In addition to the more general concern that has arisen because of the experience of staff in dealing with unemployed people, our concern was focussed as a result of our community leader survey, which was reported to the Local Board of Health in the Northern Health Area and Eastern Health Area Priority Reports.

5. Unequal Society: Community Consultations
Author: Ronald Labonte, Health Promotion and Advocacy

The 1983 report to the Local Board of Health titled "The Unequal Society: A Challenge to Public Health" has generated much interest among networks of community organizations and agencies. Ronald Labonte, Community Health Educator with the Health Promotion & Advocacy Section is currently meeting with a number of community

groups and organizational networks to discuss the implications of the report and to obtain program and planning ideas from those self-help groups and helping agencies dealing directly with persons who are at greatest risk of poor health.

This report will summarize the major findings of these community consultations and will make recommendations on how the Department of Public Health should proceed in involving the community in future program planning. Special emphasis will be placed on programs designed to alleviate health problems associated with poverty.

6. Multicultural Policy Report
Author: Michael Fay, Health Promotion and Advocacy

The Multicultural Policy Report will be developed through an internal and external consultation process over the next nine months. The development of the policy will be monitored by the Promotion and Advocacy Program Committee. A Multicultural Coalition will advise staff on the following policy areas: the information base, personnel, the delivery of service, public relations, and coalitions. The coalition will be drawn from the Department, from agencies which have developed such policies, and from agencies who are delivering programs and services to the multicultural community.